

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 05/13/2007		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 05/15/2007						
		FINANCIAL PAYER: NCDMH						
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
							FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8505	303	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SAS			NT BUDGET				
		8534	181	SERVICE FACILITY LOCATION IS N	2	670	674	4
				OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
		8508	116	CLAIM DENIED NO BUDGET FOUND				
3404904	WESTERN HIGHLAN	8534	228	SERVICE FACILITY LOCATION IS N				
	DS LME			OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
		21	147	DUPLICATE OF CLAIM-SYSTEM	0	933	12416	11483
		191	108	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404910	PATHWAYS	21	531	DUPLICATE OF CLAIM-SYSTEM				
		8599	135	DETAIL NOT COVERED BY COMBINAT	11	1151	5749	4555
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8534	89	SERVICE FACILITY LOCATION IS N				
				OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
3404912	CATAWBA COUNTYM	3411	10	PROVIDER TYPE AND SPECIALTY 07				
	ENTAL HEALT			4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
		21	4	DUPLICATE OF CLAIM-SYSTEM	0	27	737	710
		8599	4	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404913	MECKLENBURG COM	8505	27280	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		8800	8598	FURTHER PROCESSING NECESSARY,	5	40050	40078	28
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		11	3741	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404916	CROSSROADS BEHA	5404	3	SEVERE DUPLICATE: SAME ATTD PR				
	VIORAL HEAL			OV/PCODE/TOS/DOS/MOD				
		8505	1	CLAIM DENIED DUE TO INSUFFICIE	0	4	4	0
				NT BUDGET				
3404917	CENTERPOINT HUM	8505	2798	CLAIM DENIED DUE TO INSUFFICIE				
	AN SERVICES			NT BUDGET				
		8599	96	DETAIL NOT COVERED BY COMBINAT	1	3339	6389	3050
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		5404	95	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL ROBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8505	630	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	191	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	1166	1421	255
		3411	115	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
3404920	ALAMANCE CASWEL L AREA MH D	8505	2261	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	78	DUPLICATE OF CLAIM-SYSTEM	1	2423	7003	4580
		8000	31	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404921	ORANGE PERSON C HATHAM AREA	8505	1173	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		5312	159	PRIOR AUTHORIZED DOLLARS EXCEE DED	2	1750	3381	1631
		21	137	DUPLICATE OF CLAIM-SYSTEM				
3404922	THE DURHAM CENT ER	8505	5471	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	2454	DUPLICATE OF CLAIM-SYSTEM	28	9447	15378	5931
		8800	1428	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404923	FIVE COUNTY MH	191	33	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
		8599	27	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	108	2591	2483
		8536	20	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	1472	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	124	DUPLICATE OF CLAIM-SYSTEM	13	1912	7888	5976
		8599	121	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404926	SOUTHEASTERN RE G MENTAL HL	8599	76	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8952	68	CLAIM DENIED DUE TO AGE RESTRI CTIONS FOR TARGET POPULATION	2	445	4006	3561
		8536	57	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				

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3404927	CUMBERLAND CO M HC	8505	1412	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	58	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	1519	2161	642
		5404	41	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404930	JOHNSTON COUNTY MNTL HLTHC	8505	278	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	163	DUPLICATE OF CLAIM-SYSTEM	0	632	1749	1117
		23	74	SERVICE REQUIRES PRIOR APPROVA L				
3404931	WAKE CO HUM SVC BILLING OF	8505	104	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		120	83	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	20	421	4720	4299
		8599	40	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404933	SOUTHEASTERN CT R FOR MH/DD	8534	185	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		8599	152	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	647	3682	3035
		10	126	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404934	ONSLow CARTERET BEHAV HEAL	8599	273	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8535	225	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH	1	624	1752	1128
		8534	53	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8505	88	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	17	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	109	2433	2324
		8000	3	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404937	EDGEcombe NASH MNTL HLTH C	8329	154	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
		8599	45	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	216	1911	1695
		21	9	DUPLICATE OF CLAIM-SYSTEM				

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3404939	NEUSE MENTAL HE ALTH CENTER	8599	101	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8654	30	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE	0	186	1228	1042
		143	17	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404941	PITT CO MH/DD/S AS CENTER	143	30	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
		5404	27	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	0	172	1971	1799
		7001	20	EXCEEDS THE ONE PER DAY LIMITA TION				
3404942	ROANOKE CHOWANH UMAN SERVIC	8599	108	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		3411	8	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	0	123	1125	1002
		21	6	DUPLICATE OF CLAIM-SYSTEM				
3404943	ALBEMARLE MENTA L HEALTH CE	5404	60	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
		191	16	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	10	116	1288	1172
		21	10	DUPLICATE OF CLAIM-SYSTEM				
3404944	EASTPOINTE HUMA N SERVICES	8000	6	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
		8518	4	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	1	14	1797	1783
		3411	2	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
3404946	FOOTHILLS AREAM ENTAL HEALT	8505	3062	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		191	600	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	19	5000	7123	2123
		8800	528	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404957	TIDELAND MENTAL HEALTH CTR	8505	57	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8933	5	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	5	77	1373	1296
		8000	5	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404979	NEW RIVER AREAM H/DD/SA PRO	8534	17	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		0	0		0	17	23	6